

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 8 1948

Registration District No.

318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

100

State File No.

38066

Registrar's No.

10372

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Infant Dyer

3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased November 28 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 4 hr. min.

9. Birthplace Saint Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles A. Dyer
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia S. Cook
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Dyer(b) Address 6300 a Page

17. (a) Burial (b) Date thereof 11/30/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director H. A. Stock
2117 East Grand Blvd.
 (b) Address NOV 29 1948

19. (a) J. B. Pascher (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6300a Page Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
 year 1948 hour _____ minute 6:00 P. M.

21. I hereby certify that I attended the deceased from 11-28-48 to 11-28-48
 that I last saw him alive on Nov. 28- and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 1/2 months gestation)
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 5 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Roy Chappin (M. D. number) _____
 Address 6300 a Page Date signed 11/29/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed.....

Frank A. Moore

Licensed Embalmer No.....

8041

P. O. Address.....

2117 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.